

ARIZONA DIVISION OF EMERGENCY MANAGEMENT REQUEST FOR PAYMENT FORM

Proclamation # _____ Applicant Name _____

Instructions for Applicant's Authorized Representative:

For each PW enter PW Amount, % Complete, Date Complete and Amount Requested. Sign and Date where indicated. Attach substantiating documents, which are clearly identified by corresponding PW number.

Public Assistance Officer
Arizona Division of Emergency Management
Disaster Field Office
5636 E. McDowell Road
Phoenix, Arizona 85008-3495

PW Number	PW Amount	Percent Complete	Date Complete	Amount Requested
				\$
				\$
				\$
				\$
				\$
				\$
				\$
			Total →	\$

I hereby certify that all costs claimed hereon are eligible in accordance with A.R.S. 35-192, as amended, all work claimed is complete as shown, and costs are supported by documentation.

Sincerely,

Signature of Applicant's Agent

Printed Name of Applicant's Agent

Date

Applicant Agent's Phone Number

For ADEM Use Only		
Amount	Approved By:	Date

RECEIVED BY: _____
(INITIALS & DATE)

JULY 2000

FORM # AZ PA 204-15